



## OF-288 Sample (BIA, BLM, FWS AND NPS)

### Social Security Number:

Ensure this is entered correctly in **Block 1** and legible. (Must match I-9 and W-4 forms)

### Hired At:

Ensure this is entered in **Block 2** with Unit Identifier (example is BIA)

### Type of Employment:

Ensure this is marked in **Block 3** as "Casual" and not any of the other choices

### Casual Information:

Ensure name, mailing address, city, state, and zip are legible.

**Blocks 4, 6, 8, 9 & 10** (Does not change the casual's permanent record profile at the CPC).

### Incident Name and Fire Code:

Ensure Fire name, **Block 1** and fire code **Block 3** match (per Fire Code System)  
Example Column A

### Time Posting Columns:

◆ Post hours in military time

◆ Post time in 15 minute increments with a 2 hour minimum

◆ If shift passes through midnight from one day to the next, be sure to show ending time at 2400 and starting time on next day at 0001.

Example column A

### Position Title & Rate:

Ensure to list AD Position Code, AD Class and AD Rate per AD Pay Plan in **Blocks 4, 5 & 6**.

◆ Column C example for THSP positions (See **Block 11**)

### Home/Hiring Unit Cost Accounting Code:

Ensure organization, appropriate sub-activity and project numbers are accurate and Complete

Emergency Incident Time Report															
1. Social Security Number 123-45-6789		2. Hired At (i.e., ID-BOF) MT-FBA		3. Type of Employment (X one) <input checked="" type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't Employee <input type="checkbox"/> State <input type="checkbox"/> Other:											
4. Name (First, Middle, Last) Example for BIA				5. Home/Hiring Unit Name Example for BLM				6. Home/Hiring Unit Phone Number Example for FWS							
6. Mailing Address Example for NPS				7. Home/Hiring Unit FAX Number											
8. City		9. State		10. Zip Code		11. Home/Hiring Unit FAX Number									
12. Emergency Contact Name Example for BIA				13. Emergency Contact Phone Number Example for BLM				14. Emergency Contact Physical Address Example for FWS							
1. Incident Name Skate				1. Incident Name Red Mtn				1. Incident Name Eureka Palm							
2. Incident Order # / Resource Order # (i.e., ID-BOF-000906 / C-33)				2. Incident Order # / Resource Order # (i.e., ID-BOF-000906 / C-33)				2. Incident Order # / Resource Order # (i.e., ID-BOF-000906 / C-33)							
3. Fire Code (i.e., B2C5) CN3R		4. Position Code (i.e., FFT2) THSP		3. Fire Code (i.e., B2C5) C3ZE		4. Position Code (i.e., FFT2) WHHR		3. Fire Code (i.e., B2C5) CH8X		4. Position Code (i.e., FFT2) CAMP					
5. AD Class AD-C		6. AD Rate \$ 17.40		5. AD Class AD-E		6. AD Rate \$ 21.04		5. AD Class AD-A		6. AD Rate \$ 14.20					
7. Home/Hiring Unit Accounting Code A15433 11 92310 CN3R				7. Home/Hiring Unit Accounting Code *See Cost Code Below				7. Home/Hiring Unit Accounting Code 41570 9141 CH8X 2K							
8. Date and Time a. Year: 2011				8. Date and Time a. Year: 2011				8. Date and Time a. Year: 2011							
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	
03	04	1000	1200	2											
03	05	1200	2400	12											
03	06	0001	0700	6											
03	06	1215	1415	2											
9. Total Hours				9. Total Hours				9. Total Hours				9. Total Hours			
22															
10. Gross Amount (Item 6 x Item 9)				10. Gross Amount (Item 6 x Item 9)				10. Gross Amount (Item 6 x Item 9)				10. Gross Amount (Item 6 x Item 9)			
\$ 300.08															
11. Remarks Use this section for clarification of positions etc. Ex.: Column A- Camp Crew Squad Boss * LLIDB00400 LF20000SP HU0000 LFSPC3ZE0000												12. Payment Office Only This section for use by the Casual Payment Center.			
13. Commissary Record (Attach additional sheet if necessary)															
a. Date		b. Item						c. Amount							
03/04/11		Boots						\$350							
Total Commissary Deductions \$ 350															
14. Gross Earnings \$															
The signatures below certify the above items are correct and proper for payment.															
15. Employee Signature Either signed or unavailable for signature				16. Date		17. Time Officer Signature Tammy Timekeeper				18. Date 05/07/11					

### Commissary:

Corresponds to date of transaction

### Signature:

Ensure the **original** Time Officer signature is complete in **Block 17** and date is entered in **Block 18**  
(If using a signature stamp, ink must be blue)

\*Note: The agency specific column information has been separated for BIA, BLM, FWS & NPS to better outline agency specific example codes. Note: BLM has changed to the FBMS format.

**IMPORTANT— ENSURE ALL FIELDS ARE CORRECT AND LEGIBLE TO AVOID DELAY OF PAYMENT**



## Casual Payment Center OF-288 Old Form Sample (BIA, BLM, FWS and NPS)

### Social Security Number:

Ensure this is entered correctly in **Block 2**. **Must match I-9 & W-4 forms**

### Hired At:

Ensure **Block 6** is entered with Unit Identifier

### TYPE OF EMPLOYMENT:

Ensure **Block 4** is marked as "Casual" and not any of the other choices.

### Casual Information:

Ensure name, mailing address, city, state, and zip is legible. **Blocks 10, 11, 12, 13 & 14.** (Does not change the casual's permanent Record profile at CPC)

### Fire name and fire code:

Ensure fire name, (**block 1**) and Fire code (**block 2**) match (per Fire Code System)

### TIME POSTING COLUMNS:

◆ Post hours in military time

◆ Post time in 15 minute increments with a 2 hour minimum.

◆ If shift passes through midnight from one day to the next, be sure to show ending time at 2400 and starting time on next day at 0001.  
**Example Column A Line 2.**

### Fire Number:

Enter incident order number or cost accounting data. Cost accounting data may be shown at the top of each column or in **Block 2** of each column, or in **Block 21** or **Block 23**

### FIREFIGHTER CLASSIFICATION & RATE:

Ensure to list AD Position Code, AD Class & AD Rate in **Blocks 6 & 7** per the AD Pay Plan.

◆ Column A example for THSP Position (See **block 21 and 23**)

◆ If exception position, a copy of duties is required for payment.

### Commissary:

Corresponds to the date of transaction

EMERGENCY FIREFIGHTER TIME REPORT											
1. Identification Number <b>F 5772040</b>		2. Social Security Number 123-45-6789		3. Initial Employment (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Type of Employment (X one) <input checked="" type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't. Employee <input type="checkbox"/> Other		5. Transferred From		6. Hired At SD-RBA	
7. Employee Has (X one) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Quit		8. Entitled To Return Travel Time (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Entitled To Return Transportation (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		ZIP CODE MUST BE ENTERED BELOW					
10. Name (First, Middle, Last)				11. Street Address				12. City			
13. State				14. Zip Code				15. Name			
16. Street Address				17. City				18. State			
19. Telephone No. (Include Area Code)				20. Fire Name Skate				21. Fire No. CN3R			
22. Fire Code A07443				23. Fire Location Gila				24. Fire Rate THSP AD-C			
25. Fire Classification THSP AD-C				26. Fire Rate \$17.40				27. Fire Classification WHHR AD-E			
28. Fire Rate \$21.04				29. Fire Classification FFT2 AD-C				30. Fire Rate \$17.04			
31. Fire Classification CAMP AD-A				32. Fire Rate \$14.20				33. Fire Classification CAMP AD-A			
34. Fire Rate \$14.20				35. Fire Classification CAMP AD-A				36. Fire Rate \$14.20			
37. Fire Classification CAMP AD-A				38. Fire Rate \$14.20				39. Fire Classification CAMP AD-A			
40. Fire Rate \$14.20				41. Fire Classification CAMP AD-A				42. Fire Rate \$14.20			
43. Fire Classification CAMP AD-A				44. Fire Rate \$14.20				45. Fire Classification CAMP AD-A			
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